

**Opening Statement of Chairman Greg Walden,  
Subcommittee on Oversight and Investigations  
“Examining the Availability of SAFE Kits at Hospitals in the United States”  
December 12, 2018**

*(As prepared for delivery)*

Mr. Chairman, thank you for holding this important hearing today.

Over the past year, the committee has been investigating access to SANEs and SAFE kits at hospitals across the United States. Throughout our investigation, we’ve spoken to more than 40 trauma-level 1 and 2 hospitals. Some of these hospitals have robust SANE programs that are well equipped to provide the best care to survivors of sexual assault – including one of our witnesses today, Mount Sinai Health System. Others seemed ill-prepared to address the needs of sexual assault survivors. One hospital even asked a member of my staff, “What is a rape kit?”

There are currently no federal requirements regarding SANEs in healthcare facilities. As is made clear in the responses to the committee’s letters, some states and hospital associations have made great strides, while others have not put the same emphasis on the problem. I’d like to commend hospitals in my home state of Oregon for being forthcoming and helpful in our push to expand access to services for survivors of sexual assault, in communities urban and rural. Their partnership with the Oregon District Attorney’s Sexual Assault Task Force is an example of the work we hope to see more of across the country.

As Chairman Harper mentioned, we don’t know what happens to many of the survivors that visit a hospital and are unable to obtain a SAFE kit. Some survivors may be forced to travel several hours to the nearest SAFE-ready facility to obtain a kit. Others may simply return home and choose not to report the crime. There is currently no data or tracking of these trends at the federal level. However, through the course of our investigation we’ve spoken with several survivors who have faced just that situation.

One survivor we spoke to, Leah Griffin, shared her experience of trying to get a SAFE kit in 2014 after being drugged and raped. When she went to her local

hospital, she was told, “We don’t do rape kits here.” The hospital told Leah that her options were to drive herself to another hospital or to pay out of pocket for an ambulatory transfer. Leah told us, “I was so shocked, I just went home.” Hours later, Leah drove to the other hospital to get a SAFE kit, where it was discovered that she had internal injuries. Ultimately, the prosecutors in Leah’s case declined to bring charges because the delay in obtaining a rape kit meant the evidence in her case was weak. Leah asked herself, “How do we have a justice system that demands empirical evidence from survivors of sexual assault and then denies access to that evidence collection?”

Leah’s is not the only such story we have heard or read about. There is also Megan Rondini, Dinisha Ball, and, unfortunately, many others.

The day that an individual is sexually assaulted can be the worse day in her or his life. The thought of turning to a hospital after such a trauma and being told “We can’t help you” is unimaginable and, frankly, unacceptable.

These stories are heartbreaking. Unfortunately, due to the lack of data and tracking within hospitals, we cannot estimate how many sexual assault survivors face this very same experience when they attempt to report these crimes.

I want to thank Leah and the other survivors we spoke to for sharing their stories with us, as well as those hospitals, hospital associations, and survivor advocacy groups that shared their expertise and experience with us over the course of this investigation. I hope that we can begin identifying some successful models that other hospital systems can apply to their own communities. In particular, I hope the use of technology, such as online training programs and telehealth, can begin to solve the issue of access in rural communities. Many health centers and hospitals in my rural district have a hard time recruiting health care professionals already, so expanding options for these communities is an extra challenge that we must take on.

I want to thank our witnesses for being here with us today, we look forward to hearing your testimony. I yield back.